



# RECONNAISSANCE INSPECTION

National Pollutant Discharge Elimination System Permitting Program  
Delaware Department of Natural Resources and Environmental Control  
Surface Water Discharges Section

Name and location of Facility Inspected <i>millsboro</i> <i>Pinnacle Foods (VASIC)</i>	Entry Time/Date <i>09:00 7-21-08</i>	Facility Permit No. <i>DE 0000736</i>
Name of Facility Contact <i>Bob LYNCH</i>	Exit Time/Date <i>09:45 7-21-08</i>	
SCREENING DEVICE <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
COMMUNUTING DEVICE <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
PRIMARY CLARIFIER <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
SKIMMER: <input type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input checked="" type="checkbox"/> N/A SCRAPER: <input type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input checked="" type="checkbox"/> N/A		
AERATION TANK <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
AERATORS OPERATING PROPERLY: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
ODORS: <input type="checkbox"/> None <input type="checkbox"/> Faint <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Septic		
SECONDARY CLARIFIER <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
SKIMMER: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> N/A SCRAPER: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> N/A		
DAF UNIT <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
FILTRATION: Type <i>SAND</i> <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
DISINFECTION PROCESS <input type="checkbox"/> Chlorine Gas <input type="checkbox"/> Hypochlorite <input checked="" type="checkbox"/> UV <input type="checkbox"/> Other <input type="checkbox"/> N/A		
SYSTEM OPERATION: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
FLOW MEASUREMENT DEVICE <input checked="" type="checkbox"/> Parshall Flume <input type="checkbox"/> "V" Notch <input type="checkbox"/> Venturi <input type="checkbox"/> Other		
CONDITION: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
DATE OF LAST CALIBRATION: <i>2008</i>		
DIGESTOR OPERATION <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
SOLIDS HANDLING (describe observations and process type) <i>Sand Applied</i>		
OUTFALL OBSERVATIONS <input checked="" type="checkbox"/> Wastewater <input type="checkbox"/> Storm Water <input checked="" type="checkbox"/> Good (Clear) <input type="checkbox"/> Fair (Slightly Cloudy) <input type="checkbox"/> Poor <input type="checkbox"/> No Discharge		
ODORS: <input checked="" type="checkbox"/> None <input type="checkbox"/> Faint <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Septic OUTFALLS IDENTIFIED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
OVERALL APPEARANCE OF FACILITY <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
COMMENTS (describe problems observed, corrective actions required, necessary follow-up) <i>Reviewed CSE results, went over same with Bob Lynch. All concerns have been taken care of!</i>		
Inspector's Printed Name: <i>Allen McCloskey</i>		
Inspector's Signature: <i>Allen V. McCloskey</i> Date: <i>7-21-08</i>		